Call with Health Plans to Review Provider Network File Submission
May 1, 2013

I.   Clarification

During the call, DMAS provided clarification on the network submission and what providers should be submitted through the CMS HPMS system and which ones should be submitted in response to the RFP.

- **For Historically Medicare-Covered Services**
  - Plans should have submitted these providers through the CMS HPMS system. CMS will evaluate these networks.

  - There was one exception, and that relates to hospitals.
    - Plans should submit their preliminary hospital networks to DMAS in response to the RFP.

- **For Historically Medicaid-Covered Services**
  - Plans must include their networks for historically Medicaid-covered services in response to the RFP. This includes providers of Medicaid-funded behavioral health services and LTSS (e.g., EDCD Waiver services and Community Behavioral Health Supports). DMAS will evaluate these networks.

  - Plans do not need to submit their networks for Medicaid-funded services through HPMS.

  - If a provider provides Medicaid-funded LTSS or behavioral health services in addition to Medicare services, plans should include them in response to the RFP.

- **Overlap Services (e.g., Home Health, DME, Nursing Facilities)**
  - In general, overlapping services should have been submitted to the HPMS for network adequacy evaluation. Overlapping services (e.g., DME and home health) do not need to be included in the network submission in response to the RFP.

  - There is one exception, however, and that relates to nursing facilities. Plans should submit their nursing facilities in reponse to the RFP.

  In response to the RFP, if a Plan is unsure about including providers for a particular service, include them in the RFP response just to be on the safe side.

- **Letters of Intent (LOIs)**
  - In response to the RFP, plans should only include providers that have either signed a letter of intent or an actual contract that includes participation as a provider for your organization in the duals demonstration. If a provider has signed neither, they should not be included in response to the RFP.

  - Plans do not need to submit actual copies of the LOIs or signed contracts in response to the RFP.

II. Network File Submission

DMAS provided an overview of the network file submission. Following the overview, plans asked the following questions:

- **Providers with more than three provider types or specialties**
  - QUESTION: One MCO reported that some providers (e.g. CSBs) could provide many of the Medicaid Only services and asked if they could bundle all of their services in one column and split amongst the three?

  - ANSWER: DMAS recognizes the need to submit all of the services each provider will be performing and that one provider may perform more than three services. The MCO can bundle the services in one column or split them between the allotted columns. DMAS asked that plans include an explanation with their submission so DMAS can ensure that it is evaluated correctly.

- **Nursing Facilities**
  - QUESTION: Do we send both Medicare and Medicaid Nursing Facilities?

    ANSWER: Only submit providers that are under contract for the Duals Demonstration or those which you have an LOI for the Duals Demonstration. The actual LOI is not required, but indicate the status in column 19 of the Excel spreadsheet.

- **Hospitals? NPI? Tax ID? Regions?**
  - QUESTION #1: Should we send both Medicare and Medicaid Hospitals?

  - ANSWER #1: Yes, and see the response to nursing facilities above.

  - QUESTION #2: Is an NPI needed for each provider?

  - ANSWER #2: Yes, or if not recognized by CMS as eligible to obtain an NPI, then an API is needed.

  - QUESTION #3: Is a Tax ID needed for each provider?

- ANSWER #3: No. When submitted, this is used by DMAS to group practices together, when applicable (usually used to group primary care physician practices).

- QUESTION #4: Do we have to key each locality or can we say "Central Region"?

- ANSWER #4: No if the provider will be covering <u>ALL</u> of the counties and cities in that region, you can just say the region. If the provider will only be covering parts of the region, you must list only those they are supporting.